

Best Available Copy

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	/						51			
2		/					52			
3		/					53			
4		/					54			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	6									
TOTAL DEP.	19	↔	↓	↔	↓	↔	↓	↔	↓	↔
TOTAL CLAIMS	20									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS